

AUTHORIZED UTILITY REPRESENTATIVE FORM

TYPE: ☐ Water ☐ Sewer ☐ Both

CERTIFICATED COMPANY INFORMATION

Company Name _____

Dbaf/ka _____

Telephone _____

Mailing Address _____

City, State, Zip Code _____

Business Location _____

City, State, Zip Code _____

County _____

REGISTERED AGENT INFORMATION

Registered Agent: _____

Mailing Address: _____

City, State, Zip Code: _____

Pursuant to the Commission's rules and regulations, print or type company contact for the following:

A. General Manager: _____

Telephone Number / Facsimile Number / E-mail Address

B. Customer Relations/Complaints Representative: _____

Telephone Number / Facsimile Number / E-mail Address

C. Engineering Operations: _____

Telephone Number / Facsimile Number / E-mail Address

D. Meter Test and Repairs: _____

Telephone Number / Facsimile Number / E-mail Address

E. Emergencies: _____

(During Non-Office Hours)

Telephone Number / Facsimile Number / E-mail Address

In addition, please provide the following company contact information to assist in proper routing of correspondence:

A. Financial: _____

Telephone Number / Facsimile Number / E-mail Address

B. Customer Contact (Toll Free Number): _____

This form was completed by (print name) Signature

Title Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC
Docketing Department
Post Office Drawer 11649
Columbia, South Carolina 29211

And

Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201